



## **Comments on Illinois Navigator Program Design Final Report Submitted July 27, 2012**

On behalf of Heartland Alliance for Human Needs and Human Rights, thank you for the opportunity to comment on the Illinois Navigator Program Design Final Report.

Heartland Alliance is a service-based human rights organization focused on investments in and solutions for the most vulnerable men, women, and children in our society. Through a network of dozens of direct service programs located throughout the Chicago-area, Heartland Alliance provides housing, health care, human services and human rights protections to hundreds of thousands of people each year. As a provider to the most vulnerable, Heartland Alliance recognizes that Illinois's Navigator Program, if crafted wisely, has the potential to provide a critically needed bridge to accessing health insurance coverage for those who have traditionally been uninsured.

**The Navigator Program Design Final Report provides some excellent guidance regarding how the Navigator Program should be implemented. Additionally, we urge the state to consider the following as the process of creating the Navigator program moves forward.**

### **1. Program Goals**

- The program goals recommended in the report incorporate, what we believe to be, vital aspects to a Navigator Program. This includes ensuring that unbiased and accurate eligibility and enrollment information is provided to consumers and placing emphasis on identifying, educating and enrolling hard-to-reach populations. For these reasons along with the rest of the recommended high-level goals, Heartland Alliance supports HMA's recommendation in the report.

### **2. Roles and Responsibilities**

- If the Navigator program is to be successful, a diverse set of expertise will be critical to helping previously uninsured individuals obtain and maintain health insurance. We strongly support HMA's recommendation of adding expertise in Medicaid eligibility, enrollment, and program specifications to the Navigators' roles and responsibilities.
- We likewise agree that a successful Navigator program may need to include follow-up and on-going assistance. In order for follow-up services to be available, however, grants to Navigators must account for the additional time and resources needed for follow-up and on-going assistance.
- We recommend the state create an electronic system or portal for the Navigator Program. This portal would facilitate tracking health insurance enrollment to better measure Navigators' successes, collect and evaluate data, and fill gaps in enrollment that might appear in particular communities or geographic areas.

### 3. Program Oversight

- We agree that the Illinois Health Insurance Exchange is the appropriate entity to provide oversight of the Navigator program once the Exchange is set-up.

### 4. Navigator Selection Process

- Heartland Alliance supports HMA's recommendation for the state to employ a competitive process to both select Navigators and award grant payments. A competitive process would both help the state manage the number of Navigator entities as well as ensure a high-quality Navigator Program.
- As a part of that selection process, we support the report's recommendation to establish a minimum set of qualifications that entities must meet to participate in the program. We also recommend adding language in the RFP that encourages entities with experience serving populations living in poverty to apply. Given that over a third of Illinoisans living near the poverty level are uninsured<sup>1</sup>, we believe it is important that a similar ratio of Navigators should have expertise serving people experiencing poverty.

### 5. Navigator Training and Certification

- As the HMA report itself recognizes, Navigator certification must balance the complexity of the Navigator Program while avoiding an unnecessarily burdensome or expensive process that discourages potential applicants. This is especially important for community-based organizations that have limited resources but are slated to be some of the core entities to serve as Navigators.
- To that end, in order to help alleviate some of the financial burden, especially for community-based organizations, HMA's recommendation that the state provide centralized support to Navigator entities that includes the initial and on-going training as well as training for any new Navigator staff is critical.
- Heartland Alliance also supports HMA's recommendation for Illinois to design a training curriculum utilizing federally-established model standards that is continually updated to ensure relevance in the long-term. Further, the Illinois Navigator program should also include additional training for screening and referral for other public benefit programs (e.g. SNAP, TANF). Given the integrated eligibility system that the Illinois Department of Healthcare and Family Services (HFS) is in the process of building, providing Navigators the resources and basic information about these programs can help connect more eligible individuals to these programs.
- Heartland Alliance also recommends that the initial Navigator training be mandatory to attend in person to ensure the maximum level of participation and engagement by the individual who will be conducting enrollment and outreach.

### 6. Performance Metrics

- Heartland Alliance supports HMA's recommendation that Illinois should establish performance metrics for Navigators that are specific and measurable, reflect the state's goals for the Navigator Program, and provide incentive to ensure the Program's success.
- Additionally, we recommend allowing Navigator entities to meet potentially lower application/enrollment numbers if targeting specific vulnerable and/or hard-to-reach sub-populations. For example, outreach, education, and enrollment of a vulnerable sub-population

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<sup>1</sup> Deloitte. "Review of the Current Illinois Health Coverage Marketplace: Background Research Report," September 2011. Available at: [http://www2.illinois.gov/hfs/Documents/ILBackgrounResearchFinalReport\\_September2011.pdf](http://www2.illinois.gov/hfs/Documents/ILBackgrounResearchFinalReport_September2011.pdf).

such as people experiencing serious mental illness, substance use, and/or chronic homelessness will need to be more intensive and potentially require more time from a Navigator than similar activities directed toward a low-income person. A performance metrics system that does not account for the various needs of differing populations will create a system where only the easiest to serve are engaged in the program. For the Navigator program to be successful, an intentional eye must be kept on those hardest to serve and any program metrics must be established accordingly.

#### 7. Navigator Compensation

- Heartland Alliance strongly supports HMA's recommendation that Navigator compensation be varied depending on the population being served or the needs of the organization seeking the Navigator grant. This is crucial to ensuring that the hardest to serve populations are engaged and targeted by enough Navigator entities.
- We also strongly support that grant amounts awarded to Navigator entities be all inclusive, annual amounts in the form of a block grant. Additionally, while we support having incentives for Navigators to meet their target outreach and enrollment goals, we caution against withholding from the block grant the performance-based add-on payment as this places the burden on the Navigator entity to finance that portion of their navigator-related activities until the end of the grant period. Given the precarious financial situation the state budget crisis has put many community-based organizations in, withholding any part of the block grant may add a barrier for such organizations to participating in the Navigator Program.
- If the block grant with a performance-based add-on payment compensation mechanism is chosen at the start of the Navigator Program, we recommend that it be reviewed 18-24 months after the awarding of the first grant to determine whether or not this payment mechanism should be revised.

#### 8. Program Financing

- Heartland Alliance is strongly opposed to relying on any state General Revenue Fund dollars to finance the Navigator program. Not only are those dollars not stable or sustainable in the long-term, they are scarce as the state continues to cut funding and reduce services for vital health and human service programs for the most vulnerable.
- We do, however, support HMA's recommendation to maximize federal Medicaid funding to offset a portion of the costs of the Navigator Program since Navigators will necessarily identify and enroll eligible individuals into Medicaid.
- We also support HMA's recommendation for the state to explore how Illinois can use Exchange Establishment funding to support operational costs (e.g. training, oversight) related to the Navigator Program in the short-term.

#### 9. Other Recommendations

- Heartland Alliance supports HMA's recommendation that Illinois should conduct a "needs assessment" in order to better understand where persons who will benefit from Navigator services reside, and better define the population that the Navigator Program is intended to serve. This needs assessment will help target limited resources and help the state better craft an RFP that best addresses outreach and enrollment needs.
- Conflict of interest provisions must be developed in a manner that ensures the utmost program integrity and assurance that Navigators are working in the best interest of consumers. Strong oversight and quality measures must also be developed. Feedback from individuals who utilize

Navigator services should be incorporated into this process and consumers should be informed of the formal grievance/complaints process.

- Ongoing input from stakeholders is a critical part to the development and implementation of a Navigator program. Regular meetings should take place leading up to the launch of the program, and through the initial 12-18 months period.
- Heartland Alliance supports HMA's recommendation that Illinois fully integrate the AKAA Program with the Navigator Program. We recommend this integration process be thoughtful in order to maximize knowledge transfer of AKAA's to the Navigator Program.

Thank you again for the opportunity to comment on the Illinois Navigator Program. We look forward to working with you in the continued development of this program. If you have additional questions, please contact Nadeen Israel, Health Care Policy Associate at Heartland Alliance for Human Needs and Human Rights at (312) 870-4960 or [nisrael@heartlandalliance.org](mailto:nisrael@heartlandalliance.org).